

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012706	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/06/2016
NAME OF PROVIDER OR SUPPLIER AUTUMN HILLS ALZHEIMER'S SPECIAL CARE CENTI		STREET ADDRESS, CITY, STATE, ZIP CODE 3203 MOORES PIKE ROAD BLOOMINGTON, IN 47401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00189120 and IN00190081.</p> <p>Complaint IN00189120 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00190081 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: January 5 & 6, 2016</p> <p>Facility number: 012706 Provider number: 012706 AIM number: N/A</p> <p>Census bed type: Residential: 66 Total: 66</p> <p>Sample:03</p> <p>Autumn Hills Alzheimer's Special Care Center was found to be in compliance with 410 IAC 16.2 - 5 in regards to the Investigation of Complaints IN00189120 and IN00190081.</p> <p>QR was completed by 99993 on 01/07/16.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE